MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-028042$					
DO NOT WRITE ON THIS STUB	WRITE AMENDED		Registration District No. 272 Primary Registration District No. 590 & Registrar's No. 9 STATE	FILE NUMBER	
VS 300			1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution in the country is a Following by the co	itution: Residence before edmission)	
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holland Length of stay in 1b C. CITY OR TOWN Holland	Inside Limits Yes 🗗 No 🖸	
2780	DATE /		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits ADDRESS  (If cutside, give location) Yes INSTITUTION	Reside on Farm Yes   No	
3	1		3. NAME OF DECEASED Fire Middle Wallace 4. DATE Month OF DEATH July 13th	Day Year k. 1962	
5 1			5. SEX 6. COLOR OBJRACE 7. Married To Never Married B. DATE OF BIRTH 9. AGE(last birthdey) IF UNDER Widowed Divorced 17 199 63.  Months	Days Hours Min.	
6	swo		during most of working life even if retired) Tarming Baldwin, Mias	L.S.A.	
8 0	FOLLOW		13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  13 NAME OF HUSBAND	Wallace	
100	INE AS	1	(Yes, no or unknown) (If yes, give war or dates of service  1 18. CAUSE OF DEATH (Enter only one cause per line for	and Mui	
10 I	ECORD A AD OF	CUMEN	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ONSET AND SEATH	
1290-0	HIS REC	DOC	Conditions, if any, which gave rise to above cause (a),	1000	
137-0	8		stating the under- lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a	ceased was female was	
3.4	ENTS		₹ □ Yes	□ N/3 □ Unknown	
, -	AMENDWENT		19. WAS AUTOPSY PERFORMED? COLUMN SUICIDE HOMICIDE PERFORMED? COLUMN SUICIDE PERFORMED. COLUMN S		
RIBBON	<b>₹</b>		20d, INJURY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY	STATE	
	READ	-	WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK   arm, factory, street, office bldg., etc.)  21. I attended the deceased from and last saw him alive on and last saw him a	.62	
USE BLACK OR: TYPEWRITER			Death occurred at	m the causes stated.	
υ 4ΥT	SHOULD	VIT OI	Homewand mo M.O. Stale Tho	7-14-62	
	EM NO.	AFFIDA	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATION (City, town, or count REMOVAL (Specify) 7-15-1962 Mt Zion Camellery Stelle Message 22. FONERAL DIRECTION ADDRESS DATE RECORD VIOCAL REG. 26. REGISTRAR'S SIGNATURE	use	
	111	<b>B</b>	John W. German Funeral Home mb. 7-14-62 Esther C (Licensed Embalmer's Statement on Reverse Side)	allens	
(Licensed Embalmer's Statement on Reverse Side)					

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	$\bigcap \Omega \cup C \Omega $
Student	Signed John W. German
Signature of Student Embalmer	

Licensed Embalmer No. 4355

P. O. Address Hayle, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.